MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0501

Reg. Dist. No. 105

1. PLACE OF DEATH:

County Charles

City or town Pomfret

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) lifetime (about 65 yrs)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Charles

City or town Pomfret Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Oscar Barnes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	married

6 (b) Name of husband or wife Matilda Barnes

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years: about 65 | Months | Days | If less than one day: hrs. min.

9. Birthplace Pomfret (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Jack Barnes

13. Birthplace Charles County, Md.

MOTHER 14. Maiden name Not known

15. Birthplace —

16. Informant Son (Leroy Barnes)

Address Indian Head, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 31, 1940 (month) (day) (year)

Cemetery or crematory St. Joseph's Catholic Church

Location Pomfret, Md

18. Funeral director Hunter & Ryon

Address Welcher, Md.

19. Jan 30 1940 (Date rec'd by registrar) Mrs. Jeremiah T. Mudd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 17 1940, to Jan 27 1940, and that I last saw h[illegible] alive on Jan 23 1940

Immediate cause of death	DURATION
Acute myocarditis	1 week
Due to Influenza	1 week.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank G. Susank, D. M. D. or other

Address Indian Head Md Date signed 1-28-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

0502

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles Co.
City or town: Popes Creek Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pronounce dead at Phys Mem. Hospital La Plata Md.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Montgomery.
City or town: Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1807 N. Capitol View ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Mitchell Clyde Beard.
3. (b) Social Security Number: 151-03-5306

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Clara Bell Beard.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Dec 21 1894
8. AGE: Years 45 Months Days 26 If less than one day ____ hrs. ____ min.
9. Birthplace: Texas (Town, county, and state)
10. Usual occupation: Iron worker
11. Industry or business
FATHER
12. Name: M. W. Beard
13. Birthplace: W. Va.
MOTHER
14. Maiden name: Ruby Arnott.
15. Birthplace: W. Va.
16. Informant: (wife) Clara Bell Beard
Address: 1807 N. Capitol View ave. Kensington Md.
17. Burial: Arlington Va. (~~Burial, cremation, or~~ removal. Which?) Date thereof: Jan 20 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: ~~Arlington~~ Virginia
18. Funeral director: Warner E. Pumphrey
Address: Silver Spring Md.
19. Jan 16th 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 16 1940, at 10 15 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from first seen about 20 minutes after death. and that I last saw alive on ____ 19____
Immediate cause of death: Fracture of cervical vertebrae
Due to: Falling on head from height of 10 feet.
Due to:
Other conditions: 2 inch laceration of scalp.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: none.

DURATION: Death instantaneous

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: accident Date of: 1/16/40
Where did injury occur? Popes Creek (City or town) Charles (County) Md. (State)
Injured at home, farm, industry, public place (where?): Industry
Means of injury: Fell, striking head Injured at work? yes.

23. SIGNATURE: J. T. McAndrew M.D. M. D. or other
Address: La Plata Md Date signed: 1/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

ARCHIVES
FEB 1 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

0503

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Pomonkey
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Pomonkey Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alice Blair
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: Negro
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry Blair
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Oct 31, 1845

8. AGE: Years 94 | Months 3 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace: Port Tobacco - Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home
FATHER
12. Name: Charles Henry Jones
13. Birthplace: Charles County Md
MOTHER
14. Maiden name: Elenora Forrest
15. Birthplace: Baltimore Md.
16. Informant: Maud Marshall (Daughter)
Address: Pomonkey, Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 27 1940 (month) (day) (year)
Cemetery or crematory: St. Josephs Catholic Church
Location: Cemetery Pompet Md
18. Funeral director: Penny & Cofer
Address: Mason Springs, Md
19. 1-26 1940 (Date rec'd by registrar) M. E. Ransome D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 23 1940, at 7 15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1939 to Jan. 1940 and that I last saw her alive on Jan. 15 1940

Immediate cause of death: Chronic myocarditis — DURATION: 2 years
Due to: Old age
Due to:
Other conditions: Prolapse uterus — 18 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None performed
Of autopsy: None performed

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Frank L. Susan M. D.
M. D. or other
Address: Indian Head Date signed: 1-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
FEB 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)

CERTIFICATE OF DEATH

0504

Reg. Dist. No. 104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town Laurel
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella Brannon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	B	widowed

6 (b) Name of husband or wife Charles Brannon
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-1875

8. AGE: Years 64 | Months - | Days 21 | If less than one day hrs. min.

9. Birthplace Laurel, Md,
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Sandy Walker
13. Birthplace Howard Co. Md,

MOTHER 14. Maiden name Nannie unknown
15. Birthplace Chas. Co. Md,

16. Informant Lawrence Brannon
Address Laurel

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-22-40 (month) (day) (year)
Cemetery or crematory Holy Ghost
Location Laurel Md,

18. Funeral director Hewitt & Ryon
Address Waldorf

19. 1-21-1940 (Date rec'd by registrar) T. L. Higdon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 — 19 — 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 — 1935, to 1-19-1940, and that I last saw her alive on 1-18-1940.

Immediate cause of death	DURATION
Mitral insufficiency	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE T. L. Higdon M. D. or other
Address Waldorf Date signed 1-21-40

RECEIVED
FEB 8 1940
BUREAU V. S.

0505

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (186-a)

County Charles Registration Dist. No. 103

Village or City Bel Alton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

no social security number

2. FULL NAME Amelia Burch If U. S. Veteran, specify WAR

(a) Residence: No. Bel Alton, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years 83? Months Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wicomico Md.

FATHER

13. NAME Henry Yates

14. BIRTHPLACE (city or town) (State or country) Wicomico Chas. Co. Md.

MOTHER

15. MAIDEN NAME Betty Young

16. BIRTHPLACE (city or town) (State or country) Wicomico Chas. Co. Md.

17. INFORMANT (Address) Elizabeth Smoot Bel Alton

18. BURIAL, CREMATION, OR REMOVAL

Place Chapel point Date 1/10, 1940

19. UNDERTAKER (Address) Huntt & Ryan Waldorf, Md.

20. FILED Jan 11, 1940 Mary E Burch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 7 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Saw patient once on 12/26/39 I last saw her alive on December 26, 1939; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia (Said to come on 4 days before)	
Senility	
Debilitating fall (Required patient to be in bed but no fractures)	12/23/39

Other Contributory Causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? — Date of injury 12/23/1939

Where did injury occur? Home (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home (not serious)

Manner of injury Fall

Nature of injury Slight bruises

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. T. McAndrew M. D.

(Address) La Plata Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
FEB 7 1928
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

0506

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Sweden Point, Rison P.O., Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 25

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Sweden Point, Rison P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Winkler Cole

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 65-70 (P) Months: Days: If less than one day ____ hrs. ____ min.

9. Birthplace: ? Pres. Wash., D.C.
(Town, county, and state)

10. Usual occupation: Recluse

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace: "

MOTHER
14. Maiden name: unknown
15. Birthplace: "

16. Informant: Messrs. Speak + Coogan,
Address: Rison, Md.

17. burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 31 1940
(month) (day) (year)

Cemetery or crematory: Marbury, Md.

Location: Marbury, Md.

18. Funeral director: Huntt + Ryon
Address: Waldorf, Md.

19. Jan. 29 1940 (Date rec'd by registrar) Mary Southerland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 25 1940, at Bedtime M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on Jan. 29 1940, to ____ 19__, and that I last ~~saw~~ him ~~[illegible]~~ on Jan 29 1940.

Immediate cause of death: Natural causes — prob. cerebral hemorrhage

Due to: Generalized arteriosclerosis

Due to: —

Other conditions: Fell backwards from ladder; poss. aggravated condition
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: ? ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D. Deputy Medical Examiner
M. D. or other

Address: La Plata Md. Date signed 1-29-40

FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-6)

CERTIFICATE OF DEATH

0507

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles.
City or town: Riverside
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Bailey Craig.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife: Sarah Craig

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1853

8. AGE: Years: 86 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Charles Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business:

FATHER
12. Name: Nace Craig.
13. Birthplace: Charles Co Md.

MOTHER
14. Maiden name: Unknown.
15. Birthplace: Nanjemoy Md.

18. Informant: Edgar Hayward.
Address: Grayton Md.

17. Riverside (Burial, cremation, or removal. Which?) Date thereof Jan 16 1940 (month) (day) (year)

Cemetery or crematory: Oak Grove
Location: Riverside Md.

18. Funeral director: Stanley Penny.
Address: Pisgah Md

19. Jan 16 1940 (Date rec'd by registrar) J. Henry Maddox Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 14 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 14 1940 and that I last saw him alive on Jan 6 1940.

Immediate cause of death	DURATION
Arteriosclerosis.	
Chr. Nephritis.	
Due to Chr. Prostatism.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bietwell M.D.
M. D. or other
Address: Marbury Md Date signed: Jan 16 40

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0508

CERTIFICATE OF DEATH

Reg. Dist. No. 10W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Rural near LaPlata, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Pomonkey Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural North of LaPlata
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Elsie Day

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

8 (b) Name of husband or wife: —
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug 26, 1903

8. AGE: Years	Months	Days	If less than one day
36	5	20	— hrs. — min.

9. Birthplace: Pomonkey, Md.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: Private Homes

FATHER
12. Name: Wm. Thomas Day
13. Birthplace: Pomonkey, Md.

MOTHER
14. Maiden name: Henrietta Ware
15. Birthplace: Waldorf, Md

16. Informant: Wm. T. Day
Address: Pomonkey, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 19, 1940 (month) (day) (year)
Cemetery or crematory: Metrop. M.E. Church Cemetery
Location: Pomonkey, Md

18. Funeral director: Penny & Cofer and
Address: Bryantown Md. Mason Springs

19. Jan 19th 1940 (Date rec'd by registrar) Lillian V. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 16 1940, at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 21 1939, to Jan. 16 1940, and that I last saw her alive on Jan. 16 1940.

	DURATION
Immediate cause of death: Acute Myocarditis	2 mos
Due to: Lues	Not known
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: — Injured at work?

23. SIGNATURE: Frank Swan M.D.
M. D. or other
Address: Indian Head, Md. Date signed: 1/17/40

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BUREAU V. S.

0509

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 108

County Charles Registration Dist. No. 100

Village or City Near Spring Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Kathleen E. Goldsmith If U. S. Veteran, specify WAR No Social Security Number No

(a) Residence: No. Spring Hill, Md St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Archie Goldsmith

6. DATE OF BIRTH (month, day, and year) Dec. 13/1913

7. AGE Years 26 Months 1 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1-30-40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New port Chas. Co. Md.

FATHER

13. NAME Daniel Rice

14. BIRTHPLACE (city or town) (State or country) New port Chas. Co. Md

MOTHER

15. MAIDEN NAME Maude, Wenk

16. BIRTHPLACE (city or town) (State or country) Port Tobacco Chas. Co. Md.

17. INFORMANT (Address) Archie Goldsmith Spring Hill, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Chapel Point Date Feb. 2, 1940 SEL ALTON, MD

19. UNDERTAKER (Address) Hiatt & Ryan Waldorf, Md.

20. FILED 2-1-, 1940 M D Hayden D.L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 30 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1940, to Jan 30, 1940

I last saw her alive on Jan 30, 1940; death is said to have occurred on the date stated above, at 11 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-27-40

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E J Adelen M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0510

CERTIFICATE OF DEATH

Reg. Dist. No. 1 d 4

1. PLACE OF DEATH:

County: Charles

City or town: Mt Victoria
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 75 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME: Alice Hawkins

3. (b) Social Security Number

4. Sex: F

5. Color or race: B

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Albert Hawkins

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): 1865

8. AGE: Years: 75 | Months: — | Days: — | If less than one day: ___ hrs. ___ min.

9. Birthplace: Mt Victoria, Chas. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: William Martin
13. Birthplace: Md

MOTHER
14. Maiden name: Amelia Colbert
15. Birthplace: Md

16. Informant: George Ford

Address: Mt Victoria

17. _____ (Burial, cremation, or removal, which?) Date thereof 1-12-40 (month) (day) (year)

Cemetery or crematory: Shiloh

Location: Near Wayside, Chas. Co.

18. Funeral director: George H. Shade

Address: Wayside

19. 1-11-1940 (Date rec'd by registrar) T. L. Higdon, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-10-1940, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-18-1939, to 1-10-1940, and that I last saw her alive on 12-18-1939.

Immediate cause of death: Exhaustion

Due to: Apoplexy

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE: T. L. Higdon, M. D. or other

Address: Wayside Date signed 1-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

0511

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Pomonkey Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Still born Jackson

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Jan 11. 1940
8. AGE: Years | Months | Days | If less than one day — hrs. — min.
9. Birthplace: Indian Head (Town, county, and state)
10. Usual occupation: Infant
11. Industry or business: —
FATHER
12. Name: Benjamin Eugene Jackson
13. Birthplace: Pomonkey, Md
MOTHER
14. Maiden name: Mary Maggie Carroll
15. Birthplace: Pomonkey, Md
16. Informant: mother (Mary Maggie Jackson)
Address: Pomonkey, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 12 1940 (month) (day) (year)
Cemetery or crematory: St. Charles Cemetery
Location: Indian Head
18. Funeral director: Cenny & Cofer
Address: Pisgah, Md
19. Jan. 11 1940 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 11 1940, at 6 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to Jan 11 1940,
and that I last saw h — alive on 19 .
Immediate cause of death: Still born
Due to: Shoulder presentation
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frank G. Susan M. D. M. D. or other
Address: Indian Head Md Date signed Jan. 11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

0512

Reg. Dist. No. 160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Charles

City or town La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hos.

Stay in hospital or inst. (yrs., or mos., or days) 28 hrs.

Stay in this community (yrs., or mos., or days) 28 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Charles

City or town Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby girl Jeter

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	N	S.

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 10, 1940

8. AGE: Years | Months | Days | If less than one day 28 hrs. min.

9. Birthplace La Plata, Charles, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Wm Jeter

13. Birthplace Richmond, Va.

MOTHER 14. Maiden name Carter, Martha

15. Birthplace Richmond, Va.

16. Informant Mrs. Wm. Jeter

Address Welcome, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 12 1940 (month) (day) (year)

Cemetery or crematory on farm Mr Sloddard

Location West of La Plata

18. Funeral director William Jeter

Address Welcome Md

19. Jan 12 1940 (Date rec'd by registrar) Lillian V. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940, at 6 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1940, to January 11 1940, and that I last saw h CK alive on January 11 1940.

Immediate cause of death Prematurity (6 months pregnancy) — DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE J. T. McAndrew M.D.
M. D. or other

Address La Plata Md Date signed 1/12/40

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FEB 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

0513

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Nanjemoy

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William F. Johnson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 2 1939

8. AGE: Years: | Months: 5 7 | Days: 28 | If less than one day: hrs. min.

9. Birthplace: Nanjemoy Md

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: William Johnson

13. Birthplace: Clarke Co Md.

MOTHER — 14. Maiden name: Sadie Johnson

15. Birthplace: Clarke Co. Md.

16. Informant: William Johnson

Address: Nanjemoy Md

17. Burial — Date thereof: Feb. 2 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Andrew Chapel

Location: Faulton Md.

18. Funeral director: W. F. Johnson

Address: Nanjemoy Md.

19. February 1 19 40 [illegible] Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30 1940, at 1:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29 1940, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Capillary Bronchitis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Geo. A. Bicknell M.D.

M. D. or other

Address: Marlow Md Date signed: Feb. 1 40

RECEIVED
MAR 8 1940
BUREAU W. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0514

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Charles — Registration Dist. No. 103

Village or City Wicomico — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Nora Livers — If U. S. Veteran, specify WAR ____

(a) Residence: No. Wicomico Md St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Single

5e. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Never Married

6. DATE OF BIRTH (month, day, and yeer): Not Known

7. AGE	Years	Months	Deys	If LESS then 1 dey, ____ hrs. or ____ min.
	80 yrs.			

OCCUPATION

8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.: Housekeeper.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupetion (month end year) ____

11. Totel time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (Stete or country): St. Marys Co. Md.

FATHER

13. NAME: Royal Livers

14. BIRTHPLACE (city or town) (Stete or country): ?

MOTHER

15. MAIDEN NAME: Mariah ?

16. BIRTHPLACE (city or town) (Stete or country): St. Marys Co Md

17. INFORMANT (Address): Bender Livers (Son) Wicomico Md.

18. BURIAL, CREMATION, OR REMOVAL — Place John Wesley Cemetery Burial Dete Jan 17, 1940

19. UNDERTAKER (Address): Hunter & Ryon

20. FILED Jan, 1940. J. P. Tippett, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1940 to Jan 13, 1940

I last saw h. CR. elive on Jan 13, 1940; deeth is said to have occurred on the dete steted ebove, et 1.45 A.m. (AM)

The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	?
Senility	
Acute Bronchitis	4 days before death.

Dther Contributory Causes of importance:

Name of operation ____ Dete of ____

Whet test confirmed diagnosis? Clinical Was there an eutopsy? No

23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county end State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Menner of Injury ____

Nature of injury ____

24. Was diseese or injury in any way related to occupetion of deceased? No

If so, specify ____

(Signed) J. T. McClendent M. D.

(Address) La Plata Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-d)

0515

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County Charles

City or town Pisgah

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Charles

City or town Marbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John William Millar.

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married.

6 (b) Name of husband or wife Ada Estelle Millar.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1870.

8. AGE: Years 69 Months 5 Days 6 If less than one day hrs. min.

9. Birthplace Hill Top, Maryland. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Millar

13. Birthplace Charles Co. Md.

MOTHER 14. Maiden name Mary Cox.

15. Birthplace Charles Co. Md

16. Informant John Millar.

Address Indian Head, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 2, 1940. (month) (day) (year)

Cemetery or crematory Hurham Cemetery

Location Inwsides, Md.

18. Funeral director Hunt & Ryon

Address Waldorf Md.

19. Feb. 1 1940 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30 1940, to Jan 31 1940, and that I last saw him alive on Jan 31 1940.

Immediate cause of death Hemorrhage from lacerations of neck following ac. Strychnine Poisoning.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Self-inflicted razor wounds Strychnine Poisoning

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Jan 30 Jan 31

Where did injury occur? Pisgah (City or town) Charles (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. O. Bockwell M.D. M. D. or other

Address Marbury Md Date signed Feb. 1, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

0516

CERTIFICATE OF DEATH

Reg. Dist. No. 103

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Charles

City or town Wicomico Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Owens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	—

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Wicomico Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name George Henry Owens

13. Birthplace St. Marys Co. Md.

MOTHER 14. Maiden name Mary Agnes Morgan

15. Birthplace St. Marys Co. Md.

16. Informant George Henry Owens

Address Wicomico Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 11 40 (month) (day) (year)

Cemetery or crematory St. Josephs Cemetery

Location Morganza Md.

18. Funeral director Geo. Henry Owens

Address Wicomico Md

19. Jan 11 1940 (Date rec'd by registrar) J P Tippett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Due to No Doctor seen	
Due to Attendance	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cause of Death

Syphelis

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE K. Schoonmaker M. D. or other J.P. Tippett L.R.

Address La Plata Md. Date signed Jan 11-40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0517

14-a

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town McConchie (Post Tobacco P.O.), Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Charles

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John W. Owens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or ~~wife~~ Hannah V. Owens

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1868

8. AGE:

Years	Months	Days	If less than one day
71	2	12	____ hrs. ____ min.

9. Birthplace Hilltop, Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John William Owens
13. Birthplace Chas. Co. Md.

MOTHER
14. Maiden name Lavinia Highfield
15. Birthplace Chas. Co. Md.

16. Informant Julian Clarence Owens
Address Indian Head, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/21/40 (month) (day) (year)

Cemetery or crematory St. Ignatius

Location Hilltop, Md.

18. Funeral director Hunt & Ryon

Address Waldorf, Md.

19. Jan. 20 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1940, at 1:10-1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on Jan 19 1940, to ____ 19____, and that I ~~last~~ saw ~~him~~ ~~alive~~ on Jan 19, 1940.

Immediate cause of death Coronary Thrombosis — DURATION: Minutes

Due to Coronary artery disease — ?

Due to Generalized arteriosclerosis — ?

Other conditions Possibly aggravated by fall on face — Minutes
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. MacKaye, M.D. Deputy Medical Examiner
M.D. or other

Address La Plata, Md. Date signed 1-19-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 15 1940
BUREAU V. S.

0518

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131-E)

1. PLACE OF DEATH

County Chas. Registration Dist. No. 108

Village or City Gallant Green No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Albert Proctor If U. S. Veteran, specify WAR

(a) Residence: No. Gallant Green Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Swann

6. DATE OF BIRTH (month, day, and year): Oct 12 - 1880

7. AGE: Years 60 | Months 3 | Days 20 | If LESS then 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chas Co Md

FATHER

13. NAME: John Proctor

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Proctor

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Lena Harley Gallant Green Md

18. BURIAL, CREMATION, OR REMOVAL Place: Waldorf Md Date: 1/27, 1940

19. UNDERTAKER (Address): Hunter & Ryan Waldorf Md

20. FILED 1/28/40, 19 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1940, to Jan 23, 1940

I last saw him alive on Jan 22, 1940; death is said to have occurred on the date stated above, at 2 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Organic Heart disease	
&	
Chronic interstitial	
Nephritis	

Other Contributory Causes of importance:

High Blood Pressure

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) H. M. Bowen M. D.

(Address) Aquasco Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0519

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Rural Near La Plata, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: La Plata Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: East of La Plata
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Clara J. Simms

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry Simms

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 21, 1861

8. AGE: Years: 78 Months: 2 Days: 29 la. If less than one day ____ hrs. ____ min.

9. Birthplace: Port Tobacco, Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: George P. Jenkins
13. Birthplace: Port Tobacco, Md

MOTHER
14. Maiden name: Henrietta Davis
15. Birthplace: Port Tobacco, Md.

16. Informant: John J. Simms (Son)

Address: 222 E. Laffette ave. Balto. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 20/40 (month) (day) (year)

Cemetery or crematory: St. Ignatius

Location: Chapel Point, Md

18. Funeral director: Hunt & Ryan

Address: Waldorf, Md.

19. Jan. 19th 1940 (Date rec'd by registrar) Lillian V. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 18, 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1937, to Jan. 1940, and that I last saw her alive on Jan 3 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	1 1/2 hrs.
Due to Cerebral arteriosclerosis	
Due to Generalized arteriosclerosis and hypertension	
Other conditions: Arteriosclerotic heart disease with congestive heart failure (Include pregnancy within 3 months of death)	4-5 yrs.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. T. McAndrew, M.D. M. D. or other

Address: La Plata Md Date signed: 1-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

0520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

Reg. Dist. No. 10 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Charles

City or town Waldorf, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Charles

City or town Waldorf Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Stumpner

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mrs Joseph Stumpner

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 26/1855

8. AGE: Years 84 Months Oct 26 2 Days 5 If less than one day hrs. min.

9. Birthplace Eldridge Md (town, county, and state)

10. Usual occupation Foreman x Texas R. Road

11. Industry or business None

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name ~~Jeanette Miranda Dicke~~ Unknown

15. Birthplace

16. Informant Jeanette Nickerson

Address Waldorf Md

17. Oakland Waldorf Md (Burial, ~~cremation~~, or removal. Which?) Date thereof 1 4 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Waldorf Md

18. Funeral director Dunnett & Ryon

Address Waldorf Md

19. Jan 3 1940 (Date rec'd by registrar) W. L. Moore Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940, at 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1939 to Jan 1 1940, and that I last saw h ~~im~~ alive on Jan 1 1940

Immediate cause of death: Congestive heart failure — DURATION 11-6-39

Due to: Myocarditis

Due to:

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Edelen M. D. or other

Address La Plata Date signed 1-1-39

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-E)

0521

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physician's Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 weeks - 1 day

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Charles

City or town: Waldorf Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural north of La Plata
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Millard Thompson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edith Caroline Thompson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): October 13, 1852

8. AGE: Years 87 | Months 3 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Charles Co. Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: George Thompson
13. Birthplace: Chas. Co. Md.

MOTHER
14. Maiden name: Elya Wheatley
15. Birthplace: Chas. Co. Md.

16. Informant: Mrs Myrtle Cooksey
Address: Waldorf, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/17/1940 (month) (day) (year)

Cemetery or crematory: St. Mary's

Location: New Port, Md.

18. Funeral director: Hunt & Ryan
Address: Waldorf, Md.

19. Jan 16th 1940 (Date rec'd by registrar) Lillian J. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 14 1940, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23 1939, to 1-14 1940, and that I last saw him alive on 1-14- 1940.

Immediate cause of death: C.A. of Prostate — DURATION: 6 mo. 6-'39

Due to: Cancer of prostate; C.W.G.R. Duration: Six months.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: E J Edelen M. D. ~~or other~~

Address: La Plata Date signed 1-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1916
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

0522

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County Charles

City or town Marbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Charles

City or town Marbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cassie Anne Twiford.

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sep. 17, 1890

8. AGE: Years 49 Months 4 Days 11 If less than one day hrs. min.

9. Birthplace Port Tobacco, Maryland.
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Thomas L. Twiford.
13. Birthplace Sharptown, Md.

MOTHER
14. Maiden name Robena Davis.
15. Birthplace Edge Hill, King Georg Co. Va.

16. Informant A. J. Twiford

Address Marbury Md

17. Marbury (Burial) Date thereof Jan 30 '40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baptist Cemetery.

Location Marbury Md.

18. Funeral director Hunt & Ryon.

Address Waldorf, Md.

19. Jan. 29 1940 Mary Southerland Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1940, at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 23 1940, to Jan 28 1940, and that I last saw her alive on Jan 27 1940.

Immediate cause of death Acute Myocarditis; duration: one week. Pulmonary Oedema cwbr.

DURATION

Due to

Due to

Other conditions Epilepsy
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. C. Bicknell Mtg. M. D. or other

Address Marbury Md Date signed Jan 29 1940

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0523

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Marshall Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Marshall Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carolyn Washington

3. (b) Social Security Number: 218-03-7020

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Negro	Married

8 (b) Name of husband or wife: Richard Oscar Washington
6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): December 27, 1872

8. AGE:

Years	Months	Days	If less then one day
67	0	21	hrs. min.

9. Birthplace: Hancock, Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home
FATHER 12. Name: James Amiger
FATHER 13. Birthplace: Prince George County, Md
MOTHER 14. Maiden name: Drusda Carroll
MOTHER 15. Birthplace: Charles County Md
16. Informant: R. O. Washington (Husband)
Address: Marshall Hall, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 22 1940 (month) (day) (year)
Cemetery or crematory: Macedonia Baptist Church Cemetery
Location: Bryans Road, Md.
18. Funeral director: J. F. Penny
Address: Piscataway, Md.
19. 1-22-1940 (Date rec'd by registrar) Maymie E. Ransome Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 18 1940, at 4:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1939, to January 18, 1940
and that I last saw her alive on Jan. 17 1940

Immediate cause of death	DURATION
Acute paralytic Ileus	1 day
Due to Cerebral Hemorrhage since July 16, 1939	
Due to Hypertension	3 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Frank L. Swan M. D. or other
Address: Indian Head, Md. Date signed 1-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 15 1940
BUREAU V. S.

0524

STATE OF MARYLAND
CERTIFICATE OF DEATH

(46-C)

Registration Dist. No. 108

1 PLACE OF DEATH

County Chas.

Village or City Malcolm (No. ..... St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Richard Washington Wilkinson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Sept (Month) 14 (Day), 1852 (Year)

7 AGE: 87 yrs. 3 mos. 21 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed or (employer) .....

9 BIRTHPLACE (State or country): Chas Co Md.

PARENTS

10 NAME OF FATHER: Frank Wilkinson

11 BIRTHPLACE OF FATHER (State or country): Chas Co Md.

12 MAIDEN NAME OF MOTHER: Mary E Adams

13 BIRTHPLACE OF MOTHER (State or Country): Chas Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Wilkinson

(Address) Malcolm Md

15 Filed 1/6/40 192 Eva Chappelear Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 5 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov 18 1939 to Jan 5, 1940 that I last saw him alive on Jan 4, 1940 and that death occurred on the date stated above, at 12 m.

The CAUSE OF DEATH * was as follows: Gastric Carcinoma

(Duration) ..... yrs. 8 mos. ..... ds.

Contributory Secondary: Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J M Bowen M. D.

Jan 6 1940 (Address) Aquasco Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Baden Md

DATE OF BURIAL: Jan 7, 1940

20 UNDERTAKER: A. J. Grimes & Sons

ADDRESS: Aquasco Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 8 1900

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0525

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: near Waldorf, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Waldorf R7D 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph Yates

3. (b) Social Security Number:

4. Sex	5. Color or race	7. (a) Single, married, widowed, or divorced
M	Col.	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: 62? Months: Days: If less than one day: hrs. min.

9. Birthplace: unknown
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: unknown
13. Birthplace:

MOTHER
14. Maiden name: unknown
15. Birthplace:

16. Informant: J. G. Yates (no relation)
Address: Waldorf, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/13/1940 (month) (day) (year)
Cemetery or crematory: St. Peters
Location: Waldorf, Md.

18. Funeral director: Hunt & Ryon
Address: Waldorf Md.

19. 1-12 1940 M. L. Mourer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/11 1940, at 7.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 11 1940, and that I last saw him alive on Jan 11 1940.

Immediate cause of death	DURATION
Pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Thos Lynch M. D. or other
Address: Waldorf Date signed:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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